

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10153650

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1		1	
2			1		1	
3			1		1	
4			1		1	
5			1		1	
6			1		1	
7			6		6	
8			6		6	
9			1		1	
10			1		1	
11					1	
12					1	
13					1	
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44					1	
45					1	
46					1	
47					1	
48					1	
49					1	
50					1	
TOTAL IND.		3		3		
TOTAL DEP.		19		19		
TOTAL CLAIMS		20		22		

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						